



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES  
OFFICE OF STATE FIRE MARSHAL  
LICENSE & PERMITS UNIT



**APPLICATION FOR AMUSEMENT RIDE QUALIFIED INSPECTOR/ENGINEER**

**APPLICANT'S INSTRUCTIONS**

1. Print or type all information.
2. Include resume (document all requirements).
3. Return completed application to address below.

<b>PERSONAL INFORMATION</b>		
NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
HOME TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	PLACE OF BIRTH:	
CELL (OTHER) PHONE NUMBER:	EMAIL ADDRESS:	
<b>EMPLOYMENT INFORMATION</b>		
EMPLOYER'S NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
BUSINESS TELEPHONE NUMBER:	BUSINESS EMAIL ADDRESS:	
BUSINESS FAX NUMBER:	DATE OF HIRE:	
ENGINEER'S LICENSE NUMBER:		
<b>INSPECTION FEE (Base fee)</b>		
KIDDIE RIDE:	MAJOR RIDE:	
<b>CERTIFICATION</b>		
I hereby make application for approval as a Connecticut Amusement Ride Qualified Inspector/Engineer in accordance with CT General Statutes § 29-132, and certify, under penalty of False Statement (C.G.S. § 53a-157), that the information in this application package is true and correct to the best of my knowledge and belief.		
APPLICANT'S SIGNATURE:		DATE:
<b>FOR OFFICE USE ONLY</b>		
APPLICATION GRANTED <input type="checkbox"/>	APPLICATION DENIED <input type="checkbox"/>	REGISTRATION NUMBER:

DPS- ### (REV. 1/31/2005)

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Website: [www.ct.gov/dps/](http://www.ct.gov/dps/)  
*An Equal Opportunity Employer*